Signature of Treasurer form 107, Rev. 1998, Page Rev. 3/00

CANDIDATE'S REPORT (to be filed by a candidate or his principal campaign committee) OFFICE USE ONLY Office Sought (Include title of office as 1.Qualifying Name and Address of Candidate well as parish, city, town and/or election district.) Date of Primary through This report covers from 4. Type of Report: 40th day after general _180th day prior to primery Annual (future election) 90th day prior to primary Supplemental (past election) 30th day prior to primery 10th day prior to primary Amendment to prior report 10th day prior to general 5. FINAL REPORT If: Filed after the election AND all loans and debts paid Withdrawn Unopposed 7. Full Name and Address of Treasurer Name and Address of Financial Institution (You are required by law to use one or more banks, savings and loan associations, or money market mutual fund as the depository of all campaign funds.) 9. Name of Person Preparing Report Daytime Telephone 8. FOR PRINCIPAL CAMPAIGN COMMITTEES ONLY 10. WE HEREBY CERTIFY that the information contained in this report and the attached a. Name and address of principal campaign schedules is true and correct to the best of our knowledge, information and belief, and that no committee, committee's chairperson, and subsidiary expenditures have been made nor contributions received that have not been reported herein, and that no information required to be reported by the Louisiana Campaign Finance Disclosure Act has committees, if any (use additional sheets if necessary). been deliberately omitted. Signature of Candidate/Chairperson (To be signed by Chairperson only if report by principal campaign committee)

Daytime Telephone

SUMMARY PAGE

RECEIPTS	This Period
1. Contributions (Schedule A-1)	- O-
2. In-kind Contributions (Schedule A-2)	0
3. Campaign paraphernalia sales of \$25 or less	0
4. TOTAL CONTRIBUTIONS (Lines 1 + 2 +3)	0
5. Other Receipts (Schedule A-3)	0
6. Loans Received (Schedule B)	115.24
7. Loan Repayments Received (Schedule D)	0
8. TOTAL RECEIPTS (Lines 4 + 5 + 6 + 7)	115.84

DISBURSEMENTS	This Period
9. Expenditures (Schedule E-1)	115.24
10. Other Disbursements (Schedule E-2)	4
11. Loan Repayments Made (Schedule B)	-0 -
12. Funds Loaned (Schedule D)	0
13. TOTAL DISBURSEMENTS (Lines 9 + 10 + 11 + 12)	115.24

Amount
1.02
116.26
115.24
0
1.03

EAST NURSE STATION

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SCHEDULE B: LOANS RECEIVED

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he following information must be provided for each loar also, complete this schedule for loans received in prior per even if from the same source. Any personal funds a can	didate loans to his camp	aign must be reported on	this schedule.	
Name and address of lender	2. a. Date* 10 - 8 - 1	b. Interest rate	%(a.p.r.)	
VarvintRichard 736 cake View Dr.	c. Amount borrowed*s 115.84			
TO KO LIPE IDV	d. Balance due			
100 and 01000.	*For lines of credit, give the date the line of credit was first committed at Item			
opelousar la 70570	2a and list only the amount actually drawn at item 2c. OPTIONAL: Total amount of credit available \$			
3. Endorsers/Guarantors	Repayments this period Date	Principal	Interest	
·				
(Enter the full name and address of each person or entity that has endorsed, guaranteed or otherwise secured the toan or line of credit. Also, state the amount of liability for each endorser or guarantor.)	(List payments of principal and interest separately. If separate amounts are not known, list all payments under principal.)			
Name and address of lender	2. a. Date* b. Interest rate%(a.p.r.) c. Amount borrowed*			
	d. Balance due		. \$	
	*For lines of credit, give the date the line of credit was first committed at item 2a and list only the amount actually drawn at item 2c. OPTIONAL: Total amount of credit available \$			
3. Endorsers/Guarantors	Repayments this perio Date	d Principal	Interest	
		·	·	
(Enter the full name and address of each person or entity that has endorsed, guaranteed or otherwise secured the loan or line of credit. Also, state the amount of liability for each endorser or guarantor.)	(List payments of principal a list all payments under princi	and interest separately. If separ cipal.)	ate amounts are not known,	
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SCHEDULE E-1: EXPENDITURES

Use this schedule to report information on all campaign expenditures for this reporting period. An "expenditure" is any payment made for the purpose of supporting your election to public office and includes monies spent for the campaign's general operating expenses. Any payments made that are not "expenditures" should be reported on SCHEDULE E-2: OTHER DISBURSEMENTS. Totals and subtotals at bottom of page are optional. Completion of totals and subtotals may assist in calculating totals that must be

Name and Address of Recipient	2. Expenditures this I a. Date(s)	c. Amount(s)	
Bodemuller D.D.Box 27 Opelousasla70570	10-8-14	political cards	115.24
Cremen 10310			
3. SUBTOTAL (optional)			
4. TOTAL (optional - complete only on last page of the	nis schedule)		1115-24